

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** ABCD Providers  
Managed Care Plans

**Memorandum No: 05-33MAA**  
**Issued: June 26, 2005**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
(800) 562-6188

**Subject: Access to Baby and Child Dentistry (ABCD): Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) will update the Access to Baby and Child Dentistry Fee Schedule with the one (1.0) percent Vendor Rate Increase (VRI) that was appropriated by the Legislature for the 2006 state fiscal year.

### **Maximum Allowable Fees**

MAA is updating the Access to Baby and Child Dentistry (ABCD) fee schedule. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year.

Attached are updated replacement pages E.1–E.4 for MAA's current *Access to Baby and Child Dentistry (ABCD) Billing Instructions*.

Bill MAA your usual and customary charge.

### **Diagnosis Reminder**

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits if necessary) or the entire claim will be denied.

### **MAA's Provider Issuances**

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).

- a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

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HCPCS Code	Brief Description	Maximum Allowable Fee
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## Initial Comprehensive Oral Evaluation:

D0150	<b>Comprehensive oral evaluation</b> For MAA purposes, this is to be considered an initial exam. One initial evaluation allowed per client, per provider or clinic.  Normally used by a general dentist and/or a specialist when evaluating a patient comprehensively.  <i>Six months must elapse before a periodic evaluation will be reimbursed.</i>	\$37.37
D0120	<b>Periodic oral evaluation</b> One periodic evaluation is allowed every six months.	27.27

## Fluoride Varnish Application:

D1203	<b>Topical application [gel or varnish]</b> Allowed up to three times in a 12-month period.  Document in the client's file which material (e.g., topical gel or fluoride varnish is used).	\$21.60
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**Oral Health Education:**

ADA Code	EPA #	Description	ABCD Maximum Allowable
<b>This procedure code requires expedited prior authorization. See instructions below.</b>			
D9999	870000997	<p><b>Family Oral Health Education</b> Allowed twice per calendar year, per family.</p> <p><b>EPA Criteria</b></p> <p>When billing for this code (D9999) and placing the assigned EPA number 870000997 onto the ADA claim form, a provider is verifying that all of the following occurred:</p> <ul style="list-style-type: none"> <li>• The provider is an MAA-approved ABCD provider;</li> <li>• The child is 5 years of age or younger; and</li> <li>• All of the following services were provided during the Family Oral Health Education: <ul style="list-style-type: none"> <li>✓ Risk Assessment;</li> <li>✓ “Lift the Lip” Training;</li> <li>✓ Teeth Cleaning Training;</li> <li>✓ Dietary Counseling;</li> <li>✓ Fluoride Supplements Discussion/Prescription; and</li> <li>✓ Follow-up.</li> </ul> </li> </ul> <p><b>Refer to page C.1 for further information.</b></p>	\$25.25

**Amalgams:** Allowance includes polishing.

D2140	<b>Amalgam - one surface, primary.</b> Tooth and surface designations required.	\$51.01
D2150	<b>Amalgam - two surfaces, primary.</b> Tooth and surface designations required.	70.32
D2160	<b>Amalgam - three or more surfaces, primary.</b> Tooth and surface designations required.	86.56

**Resin Restorations (Composite/Glass Ionomer):**

Allowed only on anterior teeth C through H and M through R.

D2330	<b>Resin-based composite - 1 surface, anterior</b> Tooth and surface designations required.	\$76.76
D2331	<b>Resin-based composite – 2 surfaces, anterior</b> Tooth and surface designations required.	89.54
D2332	<b>Resin-based composite – 3 surfaces, anterior</b> Tooth and surface designations required.	103.73
D2335	<b>Resin-based composite - 4 or more surfaces or involving incisal angle (anterior).</b> Tooth and surface designations required.	103.73

**Other Restorative Procedures:**

D2930	<b>Prefabricated stainless steel crown - primary tooth.</b> Tooth designation required.	146.45
D2390	<b>Resin-based composite crown, anterior – primary tooth</b> Tooth designation required.	151.50
D2933	<b>Prefabricated stainless steel crown with resin window – primary upper anterior teeth (C-H)</b> (This is a complete procedure; no add-on for this procedure.)	106.05
D3220	<b>Therapeutic pulpotomy,</b> covered only as complete procedure, once per tooth. Tooth designation required.	76.19

**Anesthesia:**

D9230	<b>Analgesia, anxiolysis, inhalation of nitrous oxide</b> MAA does not cover analgesia or anxiolysis under either the ABCD program or the Dental Program. Use this code when billing for inhalation of nitrous oxide.	\$6.24
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**Drugs:**

D9630	<b>Other drugs and/or medicaments</b> Use this code when billing for pharmaceuticals. Payable only when billed with either D9220, D9241, or D9248. MAA limits this procedure code to parenteral and multiple oral agents for conscious sedation and general anesthesia agents only.	<b>By Report</b>
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**Miscellaneous Services:**

D9920	<b>Behavior management</b> Involves a patient whose documented behavior requires the assistance of <b>one additional dental professional staff</b> to protect the patient from self-injury while treatment is rendered.	\$27.27
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